

***What Would Jesus Do? Apparently not Prozac: An Analysis of the Christian Response  
to Prozac***

**An Honors Thesis (HONR 499)**

**by**

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## **Abstract**

Anxiety is a worldwide illness that continues to grow in popularity. It is important to encourage those with anxiety to seek out the treatment that works best for them. As a Christian, I see many conflicting opinions on whether anti-anxiety medication should be used to treat anxiety. Through my research, I looked at anxiety as an illness, the different treatment options that are used, and the drug Prozac that is most commonly used to treat anxiety today. I then provided my own insight to how one can still use anti-anxiety medication and be a good Christian.

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### **Process Analysis**

The process of writing a thesis is far from easy. There are many things that I did to try to make the writing process easier on myself, and some things that I wish I had done differently. It is my desire to further my education and, ultimately, this thesis project has helped to give me the confidence to be able to do it again in the future.

Starting from the beginning, I did not have any concrete ideas for what I wanted to do for my thesis. During the fall semester of this year, I still did not have a plan, and I felt like I was behind everyone else who was working on his or her Senior Honor Thesis. I went into my honors thesis advising appointment with an idea that I wasn't really passionate about. My first idea included making a workbook that would better help students studying genetics to understand the basic components of genetics. The more I thought about this, the more I realized I just did not want to do it.

About halfway through the fall semester, I was starting to feel overwhelmed by the senior thesis, and was contemplating dropping out of the honors college in order to avoid the thesis entirely. However, I did not want to do that, because I had already achieved all of the previous requirements. It would be ridiculous to finish the 90% of the honors track and drop out simply because I couldn't figure out a thesis topic that I would be passionate about. That is why I am thankful for the Honors Thesis class. If it wasn't for this pilot class, I do not think I would have been able to finish my thesis on time.

When I saw that there was a trial class that would be dedicated to helping students with their honors thesis, I knew that it was my best chance at getting kick started on my thesis. Thankfully, the application process involved writing an essay of about why I



should be in the class, and how it could benefit me while writing my thesis. What I wanted to get out of the class is an organized timeline of due dates for my thesis, peer reviewing, and have confidence in my thesis topic.

I went into the class with the hope that I could finally come up with a feasible topic for my thesis. I was surprised at how quickly I was able to come up with something that I'm passionate about and continues to interest me. If it wasn't for my classmates who discussed it with me, I don't think I would have been to come up with a solid topic. While discussing in small, groups, I figured out that I wanted to tackle the topic of anxiety. Because stress and anxiety are very common in college students, it is a topic I knew I could explore and further expand my knowledge and understanding.

Another reason why I was drawn to talk about anxiety, is because it is a hot topic in my family. My mother, older sister, and younger brother struggle with anxiety, but they do not take medication to help ease their constant worries and anxious thoughts. Part of their reluctance to take anti-anxiety medication is due to our shared Christian beliefs. Because Christians are called to put their faith and trust in God, taking anti-anxiety medication would mean that we do not trust God to heal and take care of us. Specifically, my mother holds the belief that anti-anxiety medication alters your state of being, changes your personality, and consequently changes you as a person.

I wanted to look more into these opinions, especially since I do not completely agree with them. As a Pre-Med and Biology major, it is hard for me to think that anti-anxiety medications are more harmful to a person than they are a help. While I have been in college, I have met many people who have confided that anti-anxiety medication has helped them to be a better student and has helped them to make an easier transition into

college from high school. So to develop my thesis, I wanted to look into anxiety, anti-anxiety medications, and how they are influencing the Christian church today.

Once I started my research, I wanted to develop a plan that would help me to write more effectively. When I was in high school, my senior English teacher showed us her "Flashcard Method." This method involved using flashcards during the research process. While I did my research on the various topics in my thesis, I would Label each article with a letter, and each flashcard for that article would have its own number. As I read through the articles I would pull out specific pieces of information that I thought would be useful when writing my paper and I write them on a flashcard. The benefit to using this method is once you finish researching, you have a giant stack of cards, with only the information that will be most useful in the paper. The final step with the flashcards, is putting them in the order of where you want them in the paper. Essentially, once all of the notecards are in the desired order, you only have to put the information into your own words, along with your own thoughts on the subject.

Doing the research and finding articles and journals to use in my paper was probably my favorite part of the thesis experience. With regards to learning about anxiety disorders, I really did not know that there were different types and ways to distinguish between them. I also did not realize that phobias were classified as an anxiety disorder. I think the most impactful thing that I learned during my research about anxiety disorders was that anxiety and depression are the leading causes of disability in the world. Children and young adults tend to express anxiety and depression most frequently, but if not treated, it can progress further throughout adulthood. It was surprising to me that anxiety could start so early in children.

Though I have learned methods to manage my anxiety, I can remember as a child struggling with the stress of schoolwork and trying to have everything organized and perfect. By the time I was a freshman in high school, I had already been diagnosed with stomach ulcers. Though research has been done to prove that stress does not cause stomach ulcers, stress can impair your health, which can make you susceptible to the bacteria which causes stomach ulcers.

While researching information about anti-anxiety medication, I really enjoyed reading about previous methods that were used to treat what was previously referred to as mood disorders. So many people today still try to self-medicate themselves by taking advantage of the calming effects of alcohol. We know now that alcohol works better as a depressant. Unfortunately, because we now know that alcohol is an addictive substance, it can actually irritate anxiety symptoms and make them worse.

The most difficult part of writing this paper was the theological part. Since I am a science major, it is a lot easier for me to write about scientific information, whereas theology and opinion is a bit more challenging. Once I started to look into reasons why Christians don't take anti-anxiety medication, I ran into a very interesting topic, which is called cosmetic pharmacology. What this topic tries to explain is whether or not it is ethical for people to use anti-anxiety medication to alter their personality. In the example that I read, a girl wanted to start taking anti-anxiety medication so she would be comfortable in public settings, and be more confrontational at work. While this sound like an appropriate reason to take the anti-anxiety medication, she doesn't make any comments about being worried in those settings, or having anxious thoughts.



While I still hold the opinion that anti-anxiety medication is still more of a help than a harm, I do think that the use of anti-anxiety medication as a personality enhancement is wrong. The only downside is how to avoid this type of encounter as a health care provider. I think it really depends from doctor to doctor as to how they want to approach this topic with their patients, but I think asking questions can be the most effective way to help patients find alternate methods to be more outgoing.

Overall, the experience of writing my thesis was long and challenging. I think if I were to have to write another thesis, I would want to start researching much earlier. However, this experience has helped me to realize how much I enjoy learning about new things. I also hope that my thesis will encourage people who are struggling with their anxiety and are hesitant to take medication to help with their symptoms. I hope this helps people to know that they are not alone in their struggles, and I hope that my thesis encourages people to be more caring and uplifting to those with anxiety disorders.

## **What Would Jesus Do? Apparently not Prozac: An Analysis of the Christian Response to Prozac**

Anxiety has becoming increasingly more prevalent in adolescents and young adults today and with it an influx in the use of anti-anxiety medication. Right alongside this influx is an opposition to the use of medication by people of the Christian religion. To explore how this opposition originated, I will start by fully exploring anxiety, anxiety disorders, and treatment options available for anxiety disorders. Next, I will detail the history, origin, and prevalence of Prozac, a popular pharmacological treatment used for anxiety disorders. And finally I will explore the religious response to Prozac from the time it was introduced to the present. I will argue that if a person can live a better life, without the fear of worrying or being out of control, it is worth trying anti-anxiety medication.

According to the American Psychological Association, anxiety is described as an emotion of feelings of unease, worried thoughts, and an increase in blood pressure. Anxiety is the highlight characteristic of an anxiety disorder. Because fear and anxiety are so apparent in everyday life, they are only associated with an anxiety disorder if they are persistent feelings that keep people from being able to function normally (Craske & Stein, 2016.) Anxiety, however, can manifest itself through other symptoms as well. These symptoms include fatigue, loss of concentration, irritability, muscle tension, and insomnia (ADAA, 2016.) In the past, all anxiety disorders were treated the same, and there was very little attempt to differentiate each disorder. However, it is demonstrated through various diagnostic characteristics that anxiety disorders can be expressed in several forms, which include separation anxiety disorder, selective mutism, specific



phobias, agoraphobia, and generalized anxiety disorder (Craske & Stein, 2016). Each of the listed anxiety disorders can affect a wide range of people, but many anxiety disorders manifest in children and adolescents, and when left untreated can carry into adulthood. For this reason, it is important to understand the difference between these illnesses and how they manifest and impact the lives of those who have them.

To begin, separation anxiety disorder (SAD) can cause quite a bit of distress in a person's life. In most cases SAD is common in children who are afraid to be separated from their homes or from people to whom they are attached, such as a parent or caretaker (Jurbergs & Ledley, 2005.) The tell tale sign that distinguishes this disorder is the child's response when asked why they fear being away from home. The children will typically respond that if they are not around something will happen to the parent, or the child will fear that if they have a panic attack no one will be able to help them. SAD is prevalent in 3.5% and 5.4% of children (Jurbergs & Ledley, 2005.) However, most cases in children are at the level of being a clinical illness but not severe enough to be a proper diagnosis. With children who demonstrate acute onset SAD there are typically two paths of development. The first path, which is typically the most common, is the ability to recover from their anxiety with no major complications. The second path, unfortunately, includes children who continue to experience chronic and long term symptoms (Jerbergs & Ledley, 2005.) The best way to help children with SAD is to intervene with a treatment plan as soon as possible.

Another anxiety disorder that is common in children is selective mutism. Selective mutism is characterized by a child's continuous failure to speak in public settings. These children can demonstrate attitudes and characteristics such as shyness and

withdrawal when in a public setting (Kumpulainen et al., 1998.) When in places such as school, they will most likely stay quiet and reserved and may only communicate with the teacher rather than peers. In a study on second graders in a Finnish elementary school, the researchers found that 2% of the children demonstrated signs of selective mutism (Kumpulainen, et al., 1998.) What makes this anxiety disorder different from the others is the way children behave when they are not in public. When selectively mute children are at home they can demonstrate characteristics of aggressiveness, wildness, and negativity (Kumpulainen, et al., 1998.) If treatment intervention is introduced early, then the child's inability to speak may be alleviated within a month.

Specific Phobias and Agoraphobia are very similar to the previous anxiety disorders in that they are characterized by persistent fear. In the case of agoraphobia, the fear would be an exaggerated fear of the inability to escape or the feeling of being trapped. Specific phobias are fears of specific objects and are the most common type of anxiety disorder (Craske & Stein, 2016.) What is unusual about specific phobias and agoraphobia is that if a person has one phobia, it is likely they will have more. These phobias commonly manifest during early childhood, but can also spontaneously begin during adolescence and even early adulthood in response to something that may not have previously caused discomfort or stress (ADAA, 2016.) When people have specific phobias, they are usually unable to control their fear and it can be very debilitating to their social life.

General anxiety disorder however, can be just as limiting as phobias, if not more so. Generalized anxiety disorder is characterized by persistent worrying and various physical symptoms such as restlessness, fatigue, and muscle tension (Craske & Stein,

2016.) Most patients who have generalized anxiety disorder will demonstrate signs of a panic disorder or depression. In fact 2/3 of patients who demonstrate generalized anxiety disorder also suffer from major depression at the same time (Fricchione, 2004.) This can become a major issue if the patient starts to demonstrate signs of suicide. In this case, it is imperative for the patient to have a psychiatric evaluation as soon as possible.

From the brief descriptions of each of these anxiety disorders, it is easy to understand how making a diagnosis and developing a treatment plan can become difficult. For health care providers it can be very challenging to make a proper diagnosis for several reasons. First, many of these anxiety disorders share the same symptoms or fears. For example, if a patient were to tell the doctor that he or she feared going to a shopping center it could be a manifestation of several anxiety disorders. It could mean that they have agoraphobia because of a fear of being unable to escape, social anxiety disorder because of a fear of criticism from others, separation anxiety disorder because of being separated from a trusted individual, or a specific phobia because of a fear of something within the shopping center itself (Craske & Stein, 2016.) The way that each of these anxiety disorders is differentiated is by the expertise of the healthcare provider. One way physicians try to make a more precise diagnosis is to let patients tell their story and only interject to ask open ended questions or supportively provide prompts if the patient can not think of a way to answer (Baughan, 1995.) In most cases this has proven to be effective, but sometimes it can cause an adverse effect in the patient, because of the patient's fear of anxiety.

Another issue that health care providers have when making a diagnosis is combatting the patient's fear in order to make a proper diagnosis. When patients seek out



help from a physician, they may fear that explaining their lack of control over their emotions and actions make them sound crazy (Baughan, 1995.) This could further challenge both the physician and the patient in treating an anxiety disorder.

In some cases, patients will seek out medical attention when they develop biomedical symptoms such as extreme headaches or stomach aches. Unfortunately, in most cases the physician will not find any cause for the patient's symptoms of illness. This can lead to patients thinking that the physician believes that they are 'crazy' and are making up the symptoms. In most cases, the patient has what is referred to as somatization disorder (Baughan, 1995). Their anxiety causes somatic symptoms to which no clinical diagnosis can be assigned. Rather than work with the physician to help their symptoms to go away, patients will often leave discouraged.

Patient discouragement can further exacerbate the patient's treatment of an anxiety disorder. If patients continue to deny that they have an anxiety disorder, the physician may choose to appease them by letting them go without treatment in order to avoid conflict (Baughan, 1995.) Another issue that used to cause problems between patients and doctors was the lack of treatment options. Before anxiety disorders were more widely recognized and accepted, physicians would tend to use the sedatives and hypnotic agents as treatment regardless of the type of anxiety disorder. This was a major problem because it kept physicians from being motivated to make a precise and detailed diagnosis of a patient's anxiety disorders (Baughan, 1995.) Thankfully, over time the stigma of anxiety disorders has changed and many options for treatment have been made available to help give physicians the confidence to clearly treat and diagnose their patients.

One of the most effective treatments for anxiety disorders is Cognitive Behavioral Treatment (CBT). This type of treatment is classified as a short term treatment where patients learn goal oriented tasks that help them to develop approaches and behaviors that decrease overstimulation and avoidant behavior (Craske & Stein, 2016.) Typically, the best methods of decreasing overstimulation and avoidant behavior is through relaxation techniques. In children, this type of treatment has proven to be effective compared to no treatment at all. In one study, researchers revisited children who had undergone CBT to determine if they recalled and continued to use methods that were learned in their therapy. From reports from children and their parents, researchers found that the children maintained their techniques to evade anxiety (Kendall & Southam-Gerow, 1996.) For older individuals struggling with anxiety disorders, computer and Internet assisted treatments have become increasingly popular (Craske & Stein, 2016). The advantage to this type of treatment is the easy access to those who live in rural areas, and it can provide anonymity to those who are participating. However, this type of treatment is not always helpful for some patients. In some cases additional assistance is required because patients are not able to create tactics to combat their anxiety on their own. At this point, doctors would start to recommend Pharmacological therapies to assist in easing the anxiety.

Another common method of treatment is the use of pharmacological therapies. Since there are a vast number of drugs that are used I will focus specifically on the selective serotonin-reuptake inhibitors (SSRI). These drugs work primarily to decrease symptoms of depression but have also been proven to aid in treatment of anxiety since anxiety and depression tend to go hand in hand (Edwards, 1992.) The way this drug

works is by targeting the body chemical, serotonin. Serotonin is a hormone that is produced in the pineal gland of the brain. It has many functions in the body including neurotransmission, vasoconstriction, smooth muscle stimulation, and inhibition of gastric secretion (Rice, 2015.) When an SSRI is taken, it works to inhibit the brain's ability to take up serotonin, causing an increase in the production of serotonin.

To break down this process a little more, serotonin is produced when tryptophan, an important amino acid in the body is hydroxylated, or a hydroxyl group is added, to produce a complex called 5-hydroxytryptophan (5-HTP). This complex is then decarboxylated, meaning that a carboxyl group is taken away, to produce a new structure called 5-HT. 5-HT is the specific substance that is released from the synaptic cleft of a neuron during an impulse where the 5-HT are taken up by receptors. Monoamine oxidase takes up 5-HT and converts it into another substance (Wong, Byaster, & Engleman, 1995.) As an SSRI, it is the job of the drug to block monoamine oxidase from taking up 5-HT, or serotonin, causing more serotonin to be produced. One of the most well known SSRIs is the drug fluoxetine, more commonly known as Prozac.

While SSRIs like Prozac are some of the most frequently used anti-anxiety medications, there has been a long journey to develop the drug. Before the modern era of psychiatry, people were using many types of substances to treat what is now known as anxiety, depression, or panic disorders. Many of the substances they used have now been proven to be ineffective, or in some cases, antagonize the symptoms of these illnesses. One example of a substance that was commonly used to treat 'mood disorders' as early as the 1890s was alcohol (Shorter, 2009.) Today we now know that alcohol is a depressant, meaning it enhances the effects of mood disorders such as depression and anxiety.



Today, many people still use alcohol as a way to cope with their anxiety. The reason why people misinterpret alcohol as a relaxant is because while they consume alcohol their blood alcohol content raises, making them feel relaxed. However, for those who already have an anxiety disorder such as GAD, it will agitate their anxiety more (American Addictions Centers, 2018.) It is interesting to see how substances that we now classify as addictive were once used to treat mental illnesses.

Another addictive substance that was once thought to help treat anxiety and depression were barbiturates. Barbiturates made their way onto the scene in 1903 as a new class of hypnotic drugs. What made barbiturates like barbital desirable was their safety and lack of side effects (Shorter, 2009.) The barbiturates were able to eliminate side effects such as dizziness, nausea, headaches, and acne. Similar to alcohol, we now know that barbiturates act as a depressant and can alter brain chemistry to enhance the symptoms of anxiety and depression. While alcohol has not been prescribed as a medication for a long time, barbiturates are still frequently used today. Typically barbiturates are used as a sedative to help control seizures and treat insomnia. It can still be used to treat anxiety and tension, but it is usually used for stress before patients go into surgery. Due to its addictive tendencies, doctors will typically choose safer medicines for treatment (Mayo Clinic, 2017.) The barbiturates paved a way for what is considered the modern era of psychiatry.

The modern era of psychiatry is typically thought to have begun in the 1950s (Whitaker, 2005.) In 1955 the drug Thorazine was introduced into mental hospitals in order to treat mental illness. It was not until the sixties that scientists started to wonder how these drugs affected brain chemistry. Thorazine, as they later found out, caused a

block in the production and activity of dopamine in the brain, helping scientists to make a hypothesis that too much of the neurotransmitter dopamine could be the cause of schizophrenia (Whitaker, 2005.) This led to further hypotheses that depression was caused by low levels of norepinephrine and serotonin, due to the fact that tricyclic drugs raised the levels of these neurotransmitters and ultimately helped with the symptoms of depression. While scientist could not prove that patients with these diseases displayed too high, or too low levels of neurotransmitters, it helped them to better understand the drug's immediate effect on the brain (Whitaker, 2005.) It also helped them to develop drugs to better target processes in the brain, such as antidepressants.

Antidepressants made their first appearance in the 1960s. Before Prozac became popular in the 1970s, there were only two types of antidepressants, which were monoamine oxidase inhibitors (MAOIs) and tricyclic. MAOIs work to reduce the amount of monoamine oxidase enzymes that break down serotonin, helping to improve and alter a person's mood (Danielson, 2004.) Tricyclic antidepressants work in a similar fashion. They regulate the reuptake and deactivation of neurotransmitters. Their success however, was short lived. In 1965, a study was done by the Medical Research Council in the United Kingdom to test the side effects of MAOIs. They found that the side effects were dangerous and the drug was no more helpful than the placebo (Whitaker, 2005.) This caused doubt as to the effectiveness of the tricyclic antidepressants as well, to which further tests were done, only to find the same results as the MAOIs. Though it was unfortunate that these two types of drugs were short lived in popularity, it encouraged researchers to study depression treatments more in depth.

Further research into treatments for depression led to the introduction of Prozac. Prozac was first introduced by the pharmaceutical company Eli Lilly on August 15, 1974 in an issue of *Life Sciences* (Wong, Bymaster, & Engleman, 1995.) However, it was not approved by the Food and Drug Administration until December 1987. During this time, researchers faced several failures. When they finally succeeded in their trials and got approval from the FDA advisory committee, they still had to wait two more years until fluoxetine was finally released on the shelves as Prozac (Wong, Perry, & Bymaster, 2005.) Overall, it took almost twenty years for Prozac to gain momentum and attract national attention. When it finally made its breakthrough, it was accepted by physicians and patients as a once-a-day medication with manageable side effects. Prozac would soon become the leading antidepressant with regards to sales (Wong, Bymaster, & Engleman, 1995.)

As anxiety continues to be a worldwide illness, it is important to think of the adverse affects that antidepressants may have on the public. The question that comes up with regards to antidepressants is, whether they alter a person's sense of being. This is the type of question that Christians struggle with when trying to make a decision on where to stand with anti-anxiety medication. There are several points that can be made for either using anti-anxiety medication or not. I believe that if anti-anxiety medication can help to bring peace to an individual's life then there is no reason for them to not pursue medication as a treatment.

Some inferences can be made from the introduction of the drug into society. In the 1970s, within the first two years, Prozac became the most complained about drug, due to its 'perturbation of the system' (Whitaker, 2005.) What this means is that the drug



caused overstimulation where it was not needed, ultimately causing more problems and bad side effects in patients. Since it took almost twenty years for Prozac to become an effective, low-risk drug, it was easy for people to make the assumption that Prozac was the saving grace that doctors thought it would be. It started a seed of doubt in people, encouraging the opinion that Prozac can alter a person's state of mind, taking away who he or she really is as a person.

The alteration of one's state of mind is tackled in an article by David Degrazia. In his article he gives the background of a woman who wants to start taking Prozac because, "she wants to become more outgoing, confident, and decisive professionally; less prone to feelings of being socially excluded, slighted, or unworthy of a good partner; and less obsessional generally" (2000.) The issue with this mindset is that this woman is choosing to change her personality through the use of drugs, demonstrating a fake personality. It is also deemed unfair in the article that she would use Prozac to change her personality since she did not demonstrate signs of mental illness, meaning she is abusing the purpose of the drug. The term that has been coined for this kind of behavior is 'cosmetic psychopharmacology' (Degrazia, 2000.)

Cosmetic psychopharmacology is a term that was introduced by Peter Kramer in 1993 and has taken off with regards to antidepressant use (Bjorklund, 2005.) While it is widely accepted that antidepressants are effective in treating anxiety and depression, perhaps they are too effective at enhancing people's daily lives. When medications like Prozac are used to treat patients that demonstrate the symptoms of anxiety and depression, where does one draw the line between having an illness or disorder and just having bad coping skills and needing something to make them feel better? This is the

type of question that is a struggle for most people in the Christian faith. As a Christian it is hard to accept the help of a drug when the Bible of the faith does not make reference to using medication as an aid to improve health.

It is important to recognize the scriptures in the Christian faith that encourage its followers to cast aside medical aids and put their trust in God. In several instances, Christians are encouraged to 'not be anxious' and 'do not worry.' One scripture, Philippians 4:6 says, "Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God." (NIV) In this passage, it is implied that the answer to alleviating anxiety is to go to God in prayer. While this seems like a simple cure, prayer is not something that comes easily or naturally to many Christians.

One thing that makes prayer challenging for people today is the concept of delayed gratification. Because we live in a world where everything is tangible and exists at the tips of our fingers, it is difficult to pray to a God who is not directly visible and may or may not be listening. Even in the book of Job chapter 27, verse 9, Job is a man of faith and takes pause when he asks the very question, "Does God listen to their cry when distress comes upon them?" (NIV) The power of prayer has been a difficult concept for many to grasp and accept. The root cause for disbelief in the power of prayer is most likely due to the fact that people who believe in God are demonstrating a lack in faith, or there are people who do not believe in God at all. For those that have faith, even if their prayers are not answered, it is at least comforting to think that someone or something may be listening to them. One study found that when patients are being treated for an illness, 80% of people believe that the power of prayer alone can heal them (Lake, 2012).

Many religious groups will even refrain from seeking out help because they believe so whole-heartedly in the power of prayer (Lowenthal & Cinnirella, n.d.) However, miraculous healing is not always going to be the answer to Christian's prayers.

While I think prayer is important in the Christian faith, sometimes I think people look too hard for the answers to their prayers. Complete healing of the mind would be ideal for a person with anxiety, but a more simple answer to a prayer for healing could be using anti-anxiety medication. Too many people refuse to use medication in order to find healing, but I think that it can be a blessing in disguise. With regards to medicine and health, I do not think that discoveries would be made if it was not intended by God's will. When it comes to prayer, I think people should keep an open mind to what is being presented to them as an answer.

Another passage that talks about anxiety and worry is Matthew 6:25. Jesus says directly in this passage, "Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more than food, and the body more than clothes?" (NIV) Jesus continues to encourage his followers not to worry, but have faith that God will provide for them. A good majority of our time is spent planning out our days, obsessing over our looks and contemplating what we should and should not eat. This type of obsessiveness may lead to cosmetic psychopharmacology. Because we spend too much time worrying about ourselves and what others think, some people are willing to take antidepressants in order to ease away their less desirable attributes.

The question that begs to be answered from this passage, however, is whether or not we should worry about our health. Though Jesus does not specifically talk about



health, let alone mental health in this passage, he does draw focus to 'life' and the 'body.' If he had talked about the mind, it could be hypothesized that his response would be similar to that of 'life' and the 'body'; that the mind is more valuable than the drugs that can be used to change brain chemistry. However, I think that in order to take care of 'life' and the 'body', it is necessary to take medication. For example, if a patient were to have cancer, no one would expect them to refuse treatment in the form of radiation or chemotherapy. I do not think there is a difference for people with anxiety. If they have a chemical imbalance in their body that is keeping them from being able to function, then it would be negligent for them to not treat the illness.

Perhaps one of the most well known scriptures in the Bible that can be tied to anxiety is Joshua 1:9. This scripture says, "Have I not commanded you? Be strong and courageous. Do not be terrified; do not be discouraged, for the Lord your God will be with you wherever you go." This scripture is often used to set people's anxiety at ease, and it does give an uplifting and comforting message. Because of this, as a Christian, it may be hard to admit to having an anxiety disorder, let alone sharing with someone else about your disorder. As stated previously, some people also have a hard time accepting a diagnosis from a physician that they may have an anxiety disorder, but it may be even harder as a Christian. This passage can bring comfort to those who are scared that their anxiety is uncontrollable and help them to remember that they are not alone in their struggle. But it is also important to point out that some people with anxiety cannot control their anxious thoughts through comfort and acceptance alone. I think this scripture is intended for a more broad purpose. In the case of a patient with anxiety, this verse can be applied to their decision to use anti-anxiety medication to help treat and heal them. If the

patient were a in a Christian family who does not believe in using anti-anxiety medication, this verse would be more applicable to helping the patient feel supported in their decision to seek out pharmacological treatment.

These three passages are just a few examples of the many times that believers are told to cast aside their anxiety. Because of these encouraging and uplifting words, it is easy for some Christians to believe that antidepressants are not necessary to help with anxiety and depression. Their faith alone should be enough to help heal them and have strength to fend off their struggles. Some Christians may believe that giving into antidepressants to help with their anxiety or depression is an active sin because they are not putting faith in God to heal their illness. One article suggests that with regards to mental illness, it is not an imbalance of chemicals in the brain that causes shame and discomfort, but shame of themselves as people (Joubert, 2014.) In this case their shame is an indicator of God's disapproval, and their guilt an acknowledgment that they have done something wrong. The reason for this shame is demonstrated in the passage Romans 14: 23 which says, " But Whoever has doubts is condemned if they eat, because their eating is not from faith; and everything that does not come from faith is a sin." (NIV) By taking the antidepressants, they would doubt that God would help to heal them. These are just a few reasons that come straight from the Bible that persuade Christians from using antidepressants. However, there are several other reasons as well.

Another negative response to Prozac could be because of its increase in popularity. As Prozac proved its effectiveness, doctors were more inclined to prescribe it as well as other knock off brands of the antidepressant. As is the case with many drugs, the more Prozac was publicized, the more attention it got by both doctors and patients.

One article points out that with the rise of antidepressant medication was also an increase in the diagnosis of mental illness. At the time this article was written in 2005, it compared the number of people who were mentally ill from 100 years to 50 years previously to the current date. Over the course of a hundred years, the number of people who were mentally ill out of a thousand people went from only one to two people to about 20 (Whitaker, 2005.) From data like this, it is easy for some people to build an argument against anti-anxiety medication. A drastic increase in the diagnosis of mental illness weakens its validity. People may start to think that doctors are diagnosing patients with a mental illness in order to sell a pharmaceutical company's line of antidepressants.

In the article "A Christian Response To the Crisis in Psychiatry" the topic that drug companies have the ability to conceal unfavorable data and clinical trials in order to make their product look more favorable is brought up. The article continues to demonstrate data from other studies to suggest that one to two out of ten people taking medication actually benefit from it, where the rest do well on a placebo, believing that they are being treated and getting better (Joubert, 2014.) If this is the case, then why would people continue to take medication that they do not need? From a Christian perspective, it would be just as easy to rely on God for healing. Not only would it be easier, it would also be much more cost effective. There is no price tag on the ability to pray and have faith. In some cases, some religious groups may believe that it is not possible for a religious person to become anxious or depressed. In this case, they may encourage the individual to refrain from seeking professional help, and rather treat them through religious ceremonies (Lowenthal & Cinnirella, n.d.)



In an attempt to refrain from using antidepressants, Christians will often seek out counseling. One Christian counseling organization suggests a few steps that work with the people it is helping. These steps include accepting that power to overcome anxiety comes from the Holy Spirit, love can help to turn the focus from ourselves to God and others, and finally that God has commanded us to have a sound mind and self control to push away anxious thoughts (Allchin, 2017.) These are just a few examples of how Christian counselors attempt to strengthen the morale and faith of their patients. Though these steps can be effective in encouraging morale and faith, I do not think they are enough to treat for patients with anxiety.

Even though there are religious opinions against the use of anti-anxiety medications, there are many people who have benefitted from their use and still maintain their relationship with God. Matthew Loftus encourages physicians to help their patients by decreasing shame and stigma of mental illness, by helping patients to understand the imbalances of the illness, the function of medication to address the imbalances, and encourage the idea that illness is a biological malfunction (2014.) Matthew also stresses the importance that using the phrase 'chemical imbalance' is just a starting point in the treatment. It is important for patients to also be mindful of their bodies, feelings, and environment in order to develop a strong discipline.

One thing that people tend to forget is that depression and anxiety can take a physical toll on the body as well as the mind. While some people may not have physical symptoms from their anxiety, there are others who suffer from symptoms such as fatigue, muscle tension, and insomnia. In cases like this, patients would benefit more from taking

antidepressants than suffering through physical pain. In order for people to take care of both their body and mind, antidepressants can help to get people back on their feet.

Similar to Matthew, there are other Christians who have spoken up about confronting mental illness. Perry Noble, a pastor at New Spring Church in South Carolina gave some insight to what he faced during his battle with depression. At first he tried to 'battle his demons' on his own to avoid taking medication, but it began to take a toll on his mental health (Hafiz, 2014.) Even when his doctor suggested taking medication, he refrained, secretly 'holding a badge of honor' that he was not taking the medication. He now speaks up for those who need to take antidepressants in order to live a fulfilling life. He encourages people to not see it as a weakness, or felt guilty for needing to take medication, but to look at it as a strength (Hafiz, 2014).

It is important for Christians to understand that even if they do not believe in using antidepressants they should not discourage their friends and family from seeking help. According to the Anxiety and Depression Association of America, "Almost 75% of people with mental disorders remain untreated in developing countries with almost 1 million people taking their lives each year." (2016) As depression continues to be the leading cause of disability in the world, it is important to reach out to people and get them the help they need. While faith and prayer may work for some, it will not always be the answer for everyone. By holding to strict religious morals, Christians are shutting out a vast group of people who can be shown the love and support of the God they believe in.

Christians are called on by God in the passage 1 Peter 4:8. "Above all, love each other deeply, because love covers over a multitude of sins." (NIV) By showing love, compassion, and support to people who are struggling with anxiety and depression,

Christians could make a positive impact in their lives. The Bible even instructs that love is more powerful than sin, so that even if Christians think that taking antidepressants is a sin, they are still to love one another.

From the research I have done, anxiety and anxiety disorders can become completely debilitating to people's lives. It can completely change their attitudes and make it hard for their life to be enjoyable. However, different treatment options such as CBT, or the use of medications such as the SSRI Prozac, can help people to regain control over their lives. Though there are some believers who believe that anti-anxiety medication should not be used by members of the Christian faith, there are many who have been able to completely turn their life around because of it. Christians should be acting vigilant to help those who are struggling with anxiety and depression.

Since so many people world-wide struggle with these mental illnesses, they should be provided with love and support to seek at further help. I believe that the decision to take anti-anxiety medication is completely up to the individual. Each treatment does not have guaranteed results, and if medication can help them, then it should be put to good use. Overall, I think that antidepressants such as Prozac are being misused as a cosmetic aid and it brings a negative perspective on the effectiveness of the drug. Now that mental illness is gaining attention, I hope that doctors will be able to repair the image of antidepressant medication, and further kill the stigma of mental illness being a weakness.



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